PTC/SB/06 (12-04)
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PATENT APPLICATION FEE DETERMINATION RECORD

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But the Paperson Reduction Act of 1995, no particular are required to respond to a content of information unless 8 displays 9 years OMB continu

	IT APPLICATIO	tule for Form	PTO-875 E	Hective	December December	8.'2004	17	0/731	116
APPLICATION AS FILED - PART I (Column 1) (Column 2)					SMALL ENTITY			OTHER THAN SMALL ENTITY	
FOR	HUMBER FLED	BER FLED NUMBER EXTRA		JL	RATE (1)			RATE (I)	
Basic fee Ever 1.16(1), (1), w (1)	NA		, NIA		NA	150.0	_	NÁ	300.00
BEARCH FEE PI OFR 1 1614 () or (m)	· NA		NIA.	7 1	- N/A	\$260	7	N/A	
EXAMINATION FEE (3) CFR 1.16(4, 64, or (4))	. NA .	. ,	NIA	11	NVA	\$100	-	N/A	\$500
TOTAL CLAMS DI CFR 1.16(8)	··· minus 2	0 = .		1	X\$ 25 ·	4	- OR	X\$50	•200
MOEPENDENT CLAIMS OF OFF 1. 16(N)	minus :			<b>1</b>	X100 _		-1.00	X200	
APPLICATION SIZE   Sheets of paper   Sheets of p		on and drawings exceed 100, the application size fee due or small entity) for each sels or traction thereof. See (1)(G) and 37 CFR 1.16(s).							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(II)					+180=		7	+360=	1
If the difference in column 1 is less than zero, enter "0" in column 2.				TOTAL	·	]	TOTAL	1	
ÁPPLICA	TION AS AMENDI	ED - PART I	11						<del></del>
	olumn 1) ZLAIMS	(Column 2)	(Column 3)		SMALL	ENTITY	OR	OTHE SMALL	R THAN ENTITY
< QANO RE	MAINING AFTER ENOMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT. EXTRA	·	RATE (\$)	ADOI- TRONAL FEE (\$)	] .	RATE (S)	ADOL- TIONAL
Total Parced Liefty Independent	Minus Minus	- 86	·	×	\$ 25 .	ľ	OR	X\$50	FEERD
DI CFR LUCK	Minus	-1:/-	•	×	100 -		OR	X200	1-1-
									1-1
FIRST PRESENTATION OF MLATIPLE DEPENDENT CLAIM (37 CFR 1.160)			. •	180=		OR	+360=	1	
110da	7				OTAL ODL FEE	,	OR	TOTAL ADO'L FEE	-
	umn 1)	(Column 2)	(Column 3)						
REM	NOMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	R	ATE (3)	ADOI- TIONAL FEE (1)		RATE (\$)	ADDI- TIONAL FEE (T)
GP CFR 1.16(R)	6 Minus	86		X	\$ 25 .		OR	X\$50 .	100
		- //	•/	X	100 .		OR	X200	
Application Size Fee (3				-					•
PIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1,14(II))					180=		OR	+360z	
4 Wh				ADO	TAL.			TOTAL ADO'L FEE	
I the entry is column 1 If the Tilghest Number in the Tilghest Numbe	Previously Paid For IN Previously Paid For IN reviously Paid For Tra	THIS SPACE IS THIS SPACE IS all or Independent	less than 20, or less than 3, ont	nter 20		• appropriate	barin od	umn 1	

Brooked on the information is required by 97 CFR 1.16. The information is required to obtain or retain a banged by the public which is to life (and by the PTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated by the public which is to life (and by the Auding gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments the amount of time you require to complete this form endor suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient of Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FRES OR COMPLETED FORMS TO THIS IORESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.